Health Budgets & Financial Policy

TMA Uniform Business Office

How to Manage MSA Insurance Claims Denials

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26 May 2011 @ 1400 – 1500 EDT

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Overview

- Introduction
- Other Health Insurance
  - Inpatient
  - Outpatient
- Medicare
- Medicaid
- VA claims
- Helpful Hints/Rules
- Summary

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Introduction

- Follow your Service-specific guidance for MSA Insurance Claims Denials, where applicable
- Every program in MSA has its own set of rules
- Understand your MTF's contracts/MOUs/agreements and how MSA billing should be handled
- Explanation of Benefits (EOBs) or Remittance Advice (RA) provide an explanation as to the reason for the denial
- Remember denials vary, these are just the basics

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Other Health Insurance – Inpatient

- Why was the claim denied?
- Inpatient visits almost always require, at a minimum, notification of admission
- Determine if additional information or notification/ authorization is required or if coding is an issue, and work with appropriate department to follow up
- Do not automatically write off for non-payment
- Working denials will require some leg work
- Call the insurance company if you don’t understand

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Other Health Insurance – Outpatient

- Similar to Inpatient – Determine the reason for denial
- Don’t be afraid to call the insurance company if you have questions
- Apples vs. oranges in billing
- Some of the things that are most common:
  - Insurance company error
  - Not a covered benefit – make sure!
  - Various pharmacy exclusions/benefits
  - Authorization requirements – usually ER situations don’t require authorization

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Medicare

- Must have a facility/provider ID with Medicare to bill – most MTFs do not have this
- You must call Medicare for your region to troubleshoot denials
- Billing Inpatient services is very specific
- Understand Medicare cross-overs
- If you can’t get paid by Medicare or the patient’s secondary – bill the patient
- Don’t wait more than 90 days to bill the patient

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Medicaid

- Requirements for MFT/Provider Enrollment/Contracting is specific from state to state.
- It’s not uncommon for Medicaid patients to think that they are not liable for their medical bill
- If you are able to bill Medicaid, you must call Medicaid to troubleshoot denials
- Billing services to Medicaid is very specific
- All other health insurance is primary to Medicaid
- Don’t wait more than 90 days to bill the patient

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Veterans Affairs

- Veterans Affairs (not VA/DoD Sharing)
  - Call local VA for denials
  - Very difficult to obtain payment for services

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Helpful Hints

- When calling an Insurance Company (OHI):
  - Telephone service representatives receive minimum training and don't process or adjust claims
  - Claims are usually broken down into tiers (level of complexity)
  - Each carrier has its own set of rules and deals with inquiries and appeals differently
- Your coding department and medical records can be your best friend when trying to meet the demands of claims denials. Use them.
- Working insurance denials is hands-on training!
- Not working every claim = Lost Revenue

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Rules

- Inpatient claims require fast billing and even faster follow-up to avoid risking loss of revenue
- Stay on top of your follow-up; do not let your claims age
- The older a claim becomes, the harder it is to collect on, whether it be from the insurance company or the patient
- Follow MSA Patient Collection guidelines regarding when a bill becomes patient responsibility
- For the most effective day-to-day work schedule, work your denials the day you receive them
- #1 Problem in medical billing today is working outstanding A/R and denial follow up – don't let it get away from you!

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Summary

- MSA denials management is not precise
- Medicare, Medicaid, and VA are handled differently by each MTF, based on region and location
- Always research your denial, ensure that it's correct

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Questions